

低收入公交票价计划申请表 PLEASE PRINT CLEARLY IN ENGLISH 请用英语工整填写	LOW INCOME TRANSIT FARE PROGRAM APPLICATION DEPARTMENT OF TRANSPORTATION SERVICES CITY AND COUNTY OF HONOLULU 711 KAPIOLANI BOULEVARD, 16 th FLOOR, HONOLULU, HI 96813 PHONE: (808) 768-8372		2022
			CHINESE SIMPLIFIED
			简体中文

The Low Income Transit Fare Program provides each approved applicant in an eligible household with a Low Income HOLO City Payment Card (HOLO), which allows for unlimited transit rides (excluding Handivan) until June 30, 2023, at a subsidized cost of \$45. Program funding subsidizes the difference in cost for each HOLO card. Limited funding is available each fiscal year (July 1 – June 30) for this pilot program. Once program funding is depleted, applications will not be accepted for the remainder of the fiscal year. Applications are processed on a first-come, first-served basis.

低收入公交票价计划为符合条件的家庭中的每位获得批准的申请人提供一张低收入 HOLO 城市支付卡 (HOLO)，该卡允许直至 2023 年 6 月 30 日的无限次公交搭乘（不包括 Handivan），而经补贴后的费用为 45 美元。该计划的资金对每张 HOLO 卡的费用差额进行补贴。每个财政年度（7 月 1 日至 6 月 30 日）该试点计划均可获得有限资金。一旦计划资金用尽，财年剩余时间内将不再受理申请。申请以先到先得的方式进行受理。

One application covers the entire household, but income sources and supporting documents must be provided for each person.
 Incomplete applications, which include missing/invalid supporting documents, will be returned.
 Please allow 60 days upon receipt of a completed application for processing time.
 整个家庭可只填写一份申请表，但必须提供每人的收入来源和证明文件。
 未完整提供的申请表，包括缺失/无效的证明文件，将被退回。收到完整提供的申请表后，需要 60 天受理时间。

SECTION A - APPLICANT INFORMATION		A 部分、申请人信息	
First Name and Middle Initial 名、中间名缩写		Last Name 姓	
Home Address (number and street, apt. no.) 家庭地址（街道号和街道名、房间号）		Do you receive housing assistance? Yes / No 您是否领取住房援助？ 是 / 否	
City, State, and Zip Code 城市、州和邮政编码		Monthly Amount Received: \$ 美元 每月领取金额：	
Phone Numbers 电话号码	Home: 住宅电话：	Work: 工作电话：	Cell: 手机号码：

SECTION B - HOUSEHOLD SIZE		B 部分、家庭人数			
PLEASE PRINT CLEARLY IN ENGLISH 请用英语工整填写	First Name and Middle Initial 名、中间名缩写	Last Name 姓	Birth Date (M_D_Y) 出生日期 (月一日一年)	Do you already have a Disability Bus Pass OR Handi-Van Pass? 您是否已有残障人士公车卡 或残障人士小巴卡？	Relationship 关系
1 Yourself 本人				Yes/No 是 / 否	
2 Spouse 配偶				Yes/No 是 / 否	
Other Household Members 其他家庭成员					
3				Yes/No 是 / 否	
4				Yes/No 是 / 否	
5				Yes/No 是 / 否	
6				Yes/No 是 / 否	
7				Yes/No 是 / 否	
8				Yes/No 是 / 否	

Note: All persons (immediate family members, relatives, friends, others) living in your household should be listed in this section.
 请注意：与您同住的所有人士（直系家属成员、亲戚、朋友、其他人员）都应在此部分列举出来。

SECTION C - COMBINED TOTAL ANNUAL INCOME FOR ALL PERSONS NAMED (Attach supporting documents, see Section E)

Includes wages, interest, dividends, pensions, annuities, Social Security, welfare, cash assistance, alimony, child support, food stamps, disability, or unemployment, etc. Circle **"Yes"** or **"No"** if you are receiving or not receiving any of the income sources listed below. Circle **"Monthly"** or **"Annual"** and indicate the amount received.

C 部分、所有列名人士年收入总和 (请附上证明文件—详见 E 部分)

包括工资、利息、股息、养老金、年金、社会安全金、福利救济、现金资助、赡养费、子女抚养费、食品券、残疾补贴或失业救济金等。如果您领取或没有领取以下列举的任何收入来源，请圈上“是”或“否”。请圈上“月”或“年”并注明领取金额。

	Monthly / Annual 月 / 年 IRS Income 上报国税局 (IRS) 收入 (Yes / No) (是 / 否)	Monthly/Annual 月 / 年 Social Security Benefits 社会安全福利 (Yes/No) (是 / 否)	Monthly/Annual 月 / 年 Food Stamps 食品券 (Yes/No) (是 / 否)	Monthly/Annual 月 / 年 Welfare/Cash Assistance 福利救济 / 现金资助 (Yes/No) (是 / 否)	Monthly/Annual 月 / 年 Child Support Alimony 子女抚养费 赡养费 (Yes/No) (是 / 否)	Monthly/Annual 月 / 年 Disability Assistance 残疾补贴 (Yes/No) (是 / 否)	Monthly/Annual 月 / 年 Other/Unemployment/ Foreign Accounts 其他收入 / 失业救济 / 国外账户 (Yes/No) (是 / 否)
1 Yourself 本人							
2 Spouse 配偶							
Other Household Members 其他家庭成员							
3							
4							
5							
6							
7							
8							
Sub-Total 合计							

Combined Total Annual Household Income = \$
(Include Housing Assistance from Section A)

一年内的家庭总收入 = \$ 美元
(包括 A 部分列举的住房援助)

SECTION D – ELIGIBILITY

Circle your household size on the first row of the Table below. Is your household's combined total annual income less than the maximum income shown for your household size? Circle "NO" or "YES" on the last row of the Table.

D 部分、合格条件

请在下方表格第一行圈上您的家庭人数。您的家庭年收入总和少于与您家庭人数对应的最高收入数额吗？

请在表格最后一行圈上“否”或“是”。

Your Household Size (From Section B) 您的家庭人数 (参见 B 部分)	1	2	3	4	5	6	7	8
Your Combined Total Income less than (From Section C) 您的收入总和少于 (参见 C 部分)	\$27,450	\$31,400	\$35,300	\$39,200	\$42,350	\$45,500	\$48,650	\$53,640
Eligible (Circle Answer) 是否符合条件 (请圈上您的答案)	Yes / No 是 / 否	Yes / No 是 / 否	Yes / No 是 / 否	Yes / No 是 / 否	Yes / No 是 / 否	Yes / No 是 / 否	Yes / No 是 / 否	Yes / No 是 / 否

If you circled - **NO**. You are ineligible. **YES**. Continue with application. Eligibility will be verified and processed by Department of Community Services (DCS).

Note: Income limits are subject to change without notice, in accordance with the US Department of Housing and Urban Development Income Limits Guidelines.

如果您圈上：否—您不符合条件。是—请继续填写申请表。合格条件将由社区服务部 (DCS) 核查处理。

请注意：依据美国住房和城市发展部收入限额指导原则，收入限额当有改动，恕不另行通知。

SECTION E – SUPPORTING DOCUMENTATION (To verify household income, all household members, **18 years and older**, are required to submit the following documents **whether they receive benefits or not**. All required documents verifying household income shall be submitted with your application or your application will be returned.)

E 部分、证明材料

(为核实家庭收入, 所有年满 18 岁的家庭成员, **不论是否接收福利**, 均必须提交以下文件。所有要求提交的核实家庭收入的文件应与申请表一起提交, 否则您的申请表将被退还。)

Income Source 收入来源	Documents Required 所需文件
<p>Internal Revenue Service Tax Return Transcript 美国国家税务局税表誊本 (Tax Return Transcript)</p> <ul style="list-style-type: none"> - Total Income (wages, pension, interests, dividends, annuity, unemployment compensation, etc.) 总收入 (工资、养老金、利息、股息、年金、失业救济金等) 	<p>Use Form 4506T-EZ to request Tax Return Transcript, and send to the Internal Revenue Service (see address at the back of the form). The form can be downloaded at https://www.irs.gov/pub/irs-pdf/f4506tez.pdf or can be obtained from the Department of Transportation Services (DTS).</p> <p>The IRS will send the transcript to YOU after you mail completed Form 4506T-EZ to: Internal Revenue Service, RAIVS Team, Stop 37106, Fresno CA 93888.</p> <p>请用 4506T-EZ 表格索取税表誊本 (Tax Return Transcript) 并将表格寄至美国国家税务局 (地址在表格背面)。表格可在 https://www.irs.gov/pub/irs-pdf/f4506tez.pdf 下载或从交通运输服务部 (DTS) 获取。</p> <p>在您将完整填写的 4506T-EZ 表格邮寄至 Internal Revenue Service, RAIVS Team, Stop 37106, Fresno CA 93888 后, IRS (美国国家税务局) 会将誊本发给您。</p>
<p>Social Security Benefits 社会安全福利</p> <ul style="list-style-type: none"> - Supplemental Income 辅助收入 - Disability 残疾补贴 	<p>To request a benefit verification letter: 1) online at https://secure.ssa.gov/RIL/SiView.do; 2) phone at 1-800-772-1213 (TTY 1-800-325-0778); or 3) visit the local (Oahu) Social Security Office at the following locations:</p> <p>Address 1: 300 Ala Moana Blvd #1114, Honolulu, HI 96850 Address 2: 970 Manawai St, Kapolei, HI 96707</p> <p>您可通过以下方式索取福利核实信件: 1) 请上网 https://secure.ssa.gov/RIL/SiView.do ; 2) 请电 1-800-772-1213 (TTY 电传文字 1-800-325-0778); 或者 3) 访问以下 (欧胡岛) 社会安全办公室当地地点:</p> <p>地址一: 300 Ala Moana Blvd #1114, Honolulu, HI 96850 地址二: 2970 Manawai St, Kapolei, HI 96707</p>
<p>Public Assistance 公共援助</p> <ul style="list-style-type: none"> - Food Stamps 食品券 - Welfare/Cash Assistance 福利救济 / 现金资助 	<p>To request a benefit verification letter of receipt/non-receipt for food stamps and cash assistance: 1) visit your local State of Hawaii Department of Human Services (SDHS) Processing Center or 2) SDHS main office: 333 N. King Street, Honolulu HI 96817.</p> <p>By signing Section G, the applicant is giving DTS/DCS the authorization to verify receipt or non-receipt of public assistance from SDHS.</p> <p>您可通过以下方式索要领取 / 没有领取食物券和现金资助的福利核实信件: 1) 请造访当地夏威夷州人力服务部 (SDHS) 受理中心或 2) SDHS 总办公室 333 N. King Street, Honolulu HI 96817.</p> <p>兹在 G 部分签名, 申请人授权 DTS/DCS 核实是否从 SDHS 领取公共援助的情况。</p>
<p>Child Support/Alimony 子女抚养费/赡养费</p>	<p>Submit supporting documentation. 提交证明材料。</p>
<p>Other Income-Related Sources 其他有关收入来源</p>	<p>Submit supporting documentation. 提交证明材料。</p>

SECTION F – LOW INCOME TRANSIT FARE PROGRAM F 部分、低收入公交票价计划选项

- ☐ ADULT(S) (18 years and older) applying for the Low Income Transit Fare Program 申请低收入公交票价计划的成人（年满 18 岁）

List Names:

请列举名字: _____

- ☐ YOUTH(S) (17 years and younger) applying for the Low Income Transit Fare Program 申请低收入公交票价计划的青少年（17 岁或以下）

List Names:

请列举名字: _____

(To verify **YOUTH** class, attach a copy of the youth dependent's State Driver's License, US Passport, State ID, Permanent Residence Card, or Birth Certificate in English)
为证明青少年身份, 请附上青少年家属的州驾驶证、美国护照、州身份证、永久居留卡或者英语出生证明的复印件)。

SECTION G – CERTIFICATION AND SIGNED CONSENT/AUTHORIZATION TO RELEASE INCOME INFORMATION

By signing below, I certify that the information provided is true to the best of my knowledge and I must provide the documentation to support this application. I am also aware that the information that I have provided is subject to review and verification, and I authorize the release of information to verify my income sources. This information will be used only for eligibility purposes and will be treated confidentially.

G 部分、保证以及签名认可 / 授权披露收入信息

兹在以下签名, 我保证所提供的信息尽我所知是真实信息以及我必须提供证明材料以支持此申请。

我也知道我所提供的信息会受到审阅及核实, 我并且授权披露信息以核实我的收入来源。

此信息仅用于决定申请是否符合条件并会被保密处理。

Signature(s) of applicant, spouse and all household members, **18 years and older**. 申请人、配偶以及所有年满十八岁的家庭成员签名。

	SIGNATURE 签名	Print First Name and Middle Initial 请工整填写名和中间名缩写	Print Last Name 请工整填写姓
1 Yourself 本人			
2 Spouse 配偶			
3			
4			
5			
6			
7			
8			

Date 日期

RENEWAL 续期

You must reapply before July 1st every year for recertification by completing a new application and submitting current documentation no earlier than sixty (60) calendar days prior to the expiration date on your approval letter.

您必须在每年 7 月 1 日之前重新申请以做再认证, 您需要根据批准信件上指明的到期日前六十 (60) 日内 (不可更早) 完整填写一份新的申请表并提交最新证明材料。

MAIL THE APPLICATION AND SUPPORTING DOCUMENTS TO

请将申请表和证明文件寄至:

LOW INCOME TRANSIT FARE PROGRAM

Department of Transportation Services

City and County of Honolulu

711 Kapiolani Boulevard, Suite 1600

Honolulu, HI 96813

FOR ASSISTANCE: Please Call (808)768-8372 如需帮助, 请电 (808) 768-8372